


<b>REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) <b>XSI.016/10X-197</b>	
Application Number <b>09/685,202</b>		Filed <b>October 10, 2000</b>	
For <b>METHOD AND SYSTEM FOR ENABLING DEVICE FUNCTIONS BASED ON DISTANCE INFORMATION</b>			
Art Unit <b>2681</b>		Examiner <b>Nguyen, Huy D.</b>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$ 110.00	<u>Small Entity Fee</u> \$ 55.00	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 430.00	\$ 215.00	\$ <u>430.00</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 980.00	\$ 490.00	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,530.00	\$ 765.00	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,080.00	\$ 1,040.00	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1147</u> . I have enclosed a duplicate copy of this sheet.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>37,271</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 Signature		<u>November 16, 2004</u> Date	
<u>Brian C. Altmiller (Reg. No. 37,271)</u> Typed or printed name		<u>(703) 707-9110</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

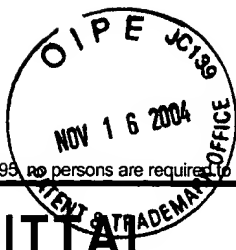
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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Based on PTO/SF/17  
Approved for use through 07/31/2006. OMB-0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<h1>FEE TRANSMITTAL</h1> <h2>for FY 2005</h2> <p>Effective 10/01/2003. Patent fees are subject to annual revision.</p>		<b>Complete if Known</b>	
		Application Number	09/685,202
		Filing Date	October 10, 2002
		First Named Inventor	ROFHEART
		Examiner Name	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit	2681
<b>TOTAL AMOUNT OF PAYMENT</b>		Attorney Docket No.	XSI.016/10X-197

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																																																					
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Brian C. Altmiller	Registration No. (Attorney/Agent)	37,271
Signature		Telephone	(703) 707-9110
		Date	November 16, 2004

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.